

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full AluttoforDublin									
Full Name of Contributor Sandra Tucker						Registration Number, if PAC			
Street Address 8989 Turin Hill Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin	State o	h	Zip Code 43017	M 0	D 9	Y 2	Amount 50.00		
Full Name of Contributor Jim Tucker						Registration Number, if PAC			
Street Address 8989 Turin Hill Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin	State o	h	Zip Code 43017	M 0	D 9	Y 2	Amount 50.00		
Full Name of Contributor Robert Fathman						Registration Number, if PAC			
Street Address 5805 Tarton Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Dublin	State o	h	Zip Code 43017	M 0	D 9	Y 2	Amount 100.00		
Full Name of Contributor Warren Fishman						Registration Number, if PAC			
Street Address 8577 Turnberry Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin	State o	h	Zip Code 43017	M 1	D 0	Y 0	Amount 150.00		
Full Name of Contributor James Wilmer						Registration Number, if PAC			
Street Address 8995 Springburn			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Dublin	State o	h	Zip Code 43017	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor Bob Fathman						Registration Number, if PAC			
Street Address 5805 Tarton Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Dublin	State o	h	Zip Code 43017	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor Rick Schwieterman						Registration Number, if PAC			
Street Address 8546 Preston Mill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State o	h	Zip Code 43017	M 1	D 0	Y 1	Amount 250.00		
Full Name of Contributor Howard Wood						Registration Number, if PAC			
Street Address 5996 Springburn			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State o	h	Zip Code 43017	M 1	D 0	Y 1	Amount 100.00		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]